

Little Traverse Bay Band of Odawa Indians - APPLICATION FOR SANITATION FACILITIES	
RESERVATION: Little Traverse Bay Band of Odawa Indians	
APPLICANT NAME:	ENROLLMENT NO.:
CURRENT MAILING ADDRESS:	CURRENT STREET ADDRESS (FIRE #):
MAILING ADDRESS OF NEW HOME (IF DIFFERENT FROM ABOVE):	STREET ADDRESS OF NEW HOME (FIRE #):
HOME PHONE:	WORK PHONE:
SERVICES REQUESTED: WATER: <input type="checkbox"/> NEW SERVICE OR <input type="checkbox"/> RENOVATION SEWER: <input type="checkbox"/> NEW SERVICE OR <input type="checkbox"/> RENOVATION Have you ever been served by the Indian Health Service well and septic program before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year were you served? Has the site you want served been served by the Indian Health Service before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, served under whose name?	
HOME INFORMATION: Is the home site on <input type="checkbox"/> TRUST LAND <input type="checkbox"/> TAXABLE LAND Do you: <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT Type of structure: <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> HOUSE Approximately what year was the home built (or if mobile home, moved to the site)? Are you living in the home now? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how long have you lived in the home? If no, when will the home be ready for occupancy? Number of bedrooms in your home? ____ Number of bathrooms in your home? ____ Number of People in the home? ____ Does your home have electric service? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, when will electric service be provided? Have there been any major improvements to the house plumbing or rooms added to the home in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe: Are you aware of any cultural or other historically significant items on the property in which service is requested? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, please describe:	
Is there an: <input type="checkbox"/> EXISTING WELL OR <input type="checkbox"/> SEPTIC SYSTEM at the home site? Are you having any problems with the <input type="checkbox"/> WELL OR <input type="checkbox"/> SEPTIC SYSTEM? Please describe. <div style="height: 100px; border: 1px solid black;"></div>	
SITE INFORMATION: THIS INFORMATION IS IMPORTANT. IT WILL HELP SOMEONE FROM THE INDIAN HEALTH SERVICE LOCATE AND VISIT YOUR HOME SITE. LEGAL DESCRIPTION OF HOME SITE: __1/4 OF __1/4 OF SEC. __ T __ N R __ E/W <div style="height: 100px; border: 1px solid black;"></div>	
Please attach a location map from a plat book showing the location of your home, or on the back of this form, please draw a map to your home, providing distances and directions from named paved roads, and a description of your home (or a neighbor's home) including color and /or size. If available, please provide a surveyor's drawing of your home site showing the locations of the corner pins and dimensions of your home.	

INDIAN HEALTH SERVICE, SANITATION FACILITIES CONSTRUCTION PROGRAM – INFO FOR THE APPLICANT

Public Law 86-121 allows the Indian Health Service to assist members of federally recognized native tribes in obtaining a potable drinking water supply and a safe means of disposing of waste water for their home use, provided that funds are available and that the homes meet basic standard of living requirements (well insulated, have electricity, indoor plumbing, etc.).

Sites with completed applications that are accessible for soil evaluations shall receive the highest priority for service during the current year. Applications received late in the year, especially for those sites that require mound-type septic systems, may not allow sufficient time for service during the current construction season. Approval of a site by IHS will be determined on a case-by-case basis and will depend on the amount of funds available. The Tribe will set the priority of service on sites approved by IHS.

APPLICANT RESPONSIBILITIES (Checklist must be completed, or application will be returned to the Tribe)

- ☐ The homeowner must provide proof of his or her legal right to reside on the site (e.g., a copy of a lease, deed or current tax statement). Attach a copy to this completed application and return it to the tribal representative.
- ☐ If the site to be served is on taxable land, the homeowner is responsible for purchasing the septic permit from the county health department. Well permit to be purchased by the well driller.
- ☐ Prior to a visit by a representative of the Indian Health Service, the homeowner must stake the property corners and the proposed location of their home if it is not yet on site. If the home location is moved after the soil evaluation has been completed, a new soil evaluation may be required, possibly delaying service until the next construction season.
- ☐ The homeowner must provide a legible map, or a copy of a plat book or Michigan Gazetteer.
- ☐ The homeowner must insure the home is in sound condition with fully operable plumbing (including provisions against freezing in the winter, i.e. mobile homes must be skirted), and has 230 V. electrical power.
- ☐ If community water and/or sewer services are to be installed, the service lines will be terminated 5 feet from the home. The homeowner will be responsible for the tie-in to the interior plumbing.
- ☐ Upon completion of construction, the homeowner will be responsible for the care and maintenance of their individual facilities.

DRAW MAP HERE (SEE FRONT)

APPLICANT SIGNATURE:

DATE:

TRIBAL REPRESENTATIVE SIGNATURE:

DATE: